



Vendor Direct Deposit Authorization Form County of York

AUTHORIZATION AGREEMENT

I authorize York County and the financial institution listed below to electronically credit into my checking account all vendor payments or reimbursements payable to me by York County.

I understand I will receive an e-mail notice showing the amount and date of electronic payments credited to my account.

If funds to which I am not entitled are deposited to my account, I authorize the County to direct the financial institution to return the funds.

I understand that if I change my e-mail address or change or close my account at the financial institution listed below, I must immediately contact the York County Accounts Payable Office.

This authorization may be withdrawn at any time by notifying the County in writing 7 (seven) days prior to the next scheduled credit.

Name(s) on the Account _____

Trading/Vendor name _____

E-mail Address (required) _____

Mailing Address _____

Contact Person _____

Phone Number _____

Financial Institution _____

Deposit Account Number* _____

*(You must attach a voided check bearing this account number.)

Person authorizing direct deposit
(Please print) _____

By my signature below, I certify that I am an authorized signer on the account listed above, and have read and understand the terms of the authorization agreement.

Signature _____

Date _____

Mail completed form along with voided check to: York County Accounts Payable, P.O. Box 532, Yorktown, VA 23690. Call 757-890-3701 if you have any questions.

For Office Use Only	
Vendor number _____	
Date of pre-note _____	Date code changed _____